

**PART B—ISSUE FEE TRANSMITTAL**

Complete and mail this form, together with applicable fees, to: Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

OIA  
FEB 28 2001  
JC-115

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WM02/1115

TECHNOLOGY LAW GROUP  
WORLDCOM, INC.  
1133 19TH STREET, N.W.  
WASHINGTON DC 20036

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**Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Angela N. Trafton

(Depositor's name)

*Angela N. Trafton*  
2/15/2001

(Signature)

(Date)

APPLICATION NO.	FLING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/001,884	12/31/97	010	NEGASH, K	2633 11/15/00
First Named Applicant	LIU, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION METHOD AND SYSTEM FOR RESTORING COINCIDENT LINE AND FACILITY FAILURES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
0 RIC97036	359-110.000	V01	UTILITY	NO	\$1240.00	02/15/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE MCI Communications Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Washington, DC

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee  
 Advance Order - # of Copies \_\_\_\_\_

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Paul A. Roberts Reg# 40,289

(Date)

2/15/01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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*[Signature]*